

# wellnews



Volume 15 Number 1

The newsletter of  
Wellness on Wellington

Autumn 2013

Our newsletter this time features a series of articles on recent medical research including topics as diverse as how to go into labour, the limitations of tests and which ones actually are valuable, an easy way to test kids for asthma and much more.

Whilst modern health care depends on medical research, a lot of what is published is of questionable importance and is often misrepresented in the media. We are pleased to announce an exciting expansion in how we want to communicate with patients regarding updates in health issues and knowledge—our first foray into the world of social media.

Finally, our gossip page is full of news on new staff. We've received a lot of compliments lately about the quality of our team as a whole, and we are sure the newest members will live up to those standards.

## We'd like you to like us

We take pride at Wellness on Wellington on doing things the hard way when we think it provides better service for our patients. That is why we write our own newsletter from scratch every three months, rather than buy "off the shelf" medical newsletters that are simply reprinted with the practice name on top.

We feel by writing our own newsletter we can provide information directly relevant to our patients and community—as well as keep you up to date with the practice gossip, which is the most read page in the newsletter!

Something we often cover are articles to try and give a balanced perspective on medical developments. Too often newspapers and TV shows jump on the hype of a story without outlining the limitations of some breakthrough wonder-drug, or they exaggerate the danger of some potential epidemic.

Current affairs shows are the worst offenders, often running scare stories sim-

ply to generate good ratings one night—then running a story arguing the complete opposite a few weeks later.

A great example was the recent hype over statin medications causing an increase in diabetes. Most reporters completely misrepresented what the research articles actually said, and none of them reported that overall death rates from patients using statins (especially diabetic patients) are much lower than those not taking the medication.

We think we do a pretty good job refuting those claims in this newsletter, but

***We hope to send out one tweet most days and aim to produce an article on the blog a few times a week***

of course we have only limited space and it only comes out every three months.

Often we'd like to let you know our response to those articles and stories before you have a chance to worry.

We've therefore launched our own blog and Twitter feed. Twitter gives us the

chance to put out a brief response to stories within hours of us first hearing them, whilst our blog will let us write short articles about health and medical issues as they arise.

Neither will replace the detailed information we can provide in a consultation, but we hope they will give you a sense of our view on the health issue of the day.



We hope to send out one tweet most days and aim to produce an article on the blog a few times a week, subject to other constraints

in our busy work-day, so we hope you check in regularly. We always welcome feedback regarding topics you think we should cover.

For technical reasons, we are running the blog at a separate address to our website for now. You can follow the blog at [wellonwell.wordpress.com](http://wellonwell.wordpress.com).

Our Twitter address is @wellonwell and—in the parlance of the day—we'd love you to like us and follow us.

During our recent survey we realised that Facebook is much more popular than Twitter. Over the next few months we hope to establish a Facebook page as well.

A reminder that most of the basic information about the practice can be found at our website [wellonwell.com.au](http://wellonwell.com.au)

Perhaps most important of all—using social media, we'll be able to keep you informed of the practice gossip as and when it happens!

**Save a life—  
your own or your family's!**  
Update your home phone, work phone, mobile phone and address at reception!

**Wellness on Wellington  
1101 Wellington Rd, Rowville  
9780 8900 - all hours, every day.  
[www.wellonwell.com.au](http://www.wellonwell.com.au)**

**We are open every day of the year:**

Monday - Friday 8.00 am - 9.00 pm  
Saturday - Sunday 9.00 am - 5.00 pm  
Public Holidays 9.00 am - 1.00 pm  
(Christmas & New Year Day 10.00 am -12.00 noon)

**For patients of this practice with urgent problems after hours, a doctor from the clinic can be contacted by calling the surgery and following the instructions on the answering machine.**

## Should I get that?

Ever wondered which is the best bread to buy? The best pasta sauce? Or how to spot the freshest meat? Shopping can be a confusing experience—all the more so if you are trying to eat as healthily as possible.

Help is at hand. Our dietitian, Stephen Ratcliffe invites you to come along on a shopping tour to learn how to read labels, compare products and be introduced to different products to increase variety in your diet.

Stephen will share tips on how to reduce fat or total calories by buying different products. For example, shaved cheese instead of slices reduces the total amount of cheese you are having and can still give you the same flavours but in smaller quantities.

***Shopping can be a confusing experience — all the more so if you are trying to eat as healthily as possible.***

Shopping tours will give you the skills to make healthy choices when comparing products. The tours are for general good health but clients seeking

weight loss, to reduce their cholesterol or improve their diabetic control would also benefit from these skills.

Shopping tours will take place at Stud Park shopping centre – please speak to reception staff about dates and times. There will be a maximum of 6 clients per tour.

If you are seeking a personalised diet plan, make an appointment to see Stephen at the clinic. Stephen is available Saturdays and has a number of Wednesday & Thursday night sessions planned for 2013.

## In case you were wondering

The simplest questions are sometimes the hardest to answer. One such question—often asked by inquisitive 8 year-olds, annoying teenagers and curious medical students—is do identical twins have identical fingerprints?

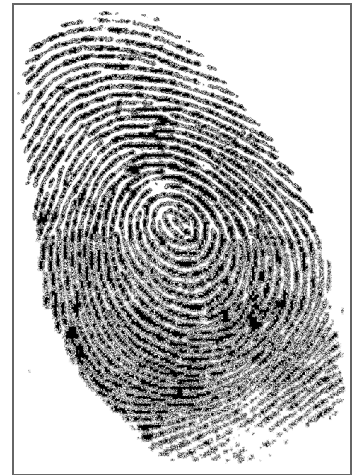
The answer in most cases is no.

About three-quarter of twins are called fraternal or non-identical twins. Their origin is when the mother releases two eggs during a month, both of which are fertilised. Whilst these twins share parents, their genetics and similarities are effectively like brothers and/or sisters who are born 2 or 10 years apart.

Identical twins make up the other quarter. They occur when a single early pregnancy divides completely into two separate embryos during the first couple of days after conception. The twins started as a single entity and are genetically identical. (Siamese or conjoined twins are identical twins where the split was incomplete.)

However, whilst the fingerprints of identical twins can be very similar, there are usually differences which can be reasonably easily distinguished. It seems that fingerprints aren't just determined by your genes but also by your environment and because even identical twins have slightly different positions in the uterus and different nutrient supplies they develop slightly differently, including fingerprints.

Next question?



## Is 50 really more than 30?

The sun-smart message has been well and truly pushed in Australia over the past ten years, and we are all aware of the need to use sun-screen. For many years, that has meant SPF-30+, which everyone knew was the strongest, though surprisingly few people actually know what it means.

Just in time for this summer—but just after our last edition of the newsletter went to press—the Therapeutic Goods Administration granted permission for Australia to have sunscreen rated 50+.

Naturally if 30 is good, 50 seems better, and chemists report sales of the new products have taken off at a great rate.

It seems worthwhile understanding just what sunscreens do and what the new ratings mean.

SPF means sun-protection factor. It's a way of measuring how much additional resistance to the sun's rays (specifically Ultraviolet B rays, abbreviated UVB) the sunscreen provides.

Consider a fair-skinned surfer, spending a day on the beach. On a sunny day, he might burn after 10 minutes without sun-

screen. Using SPF-6, he will burn after 6\*10minutes—that is, after one hour.

His girlfriend, with olive skin, would normally burn after 30 minutes. However if she puts on SPF-6, she will be safe for three hours. Note that after that time, she will still burn.

Naturally, they both choose a stronger agent—let's say SPF-15. Now he will still burn, but after 2½ hours. She is safe for 7½ hours—but only if she reapplies the sunscreen after 3-4 hours!

In the same manner, SPF-30 sunscreen provides thirty times normal skin protection (provided you keep reapplying and don't wash it off). Until recently the maximum SPF allowed in Australia was SPF-30 and anything stronger could only be labelled SPF-30+.

Now we have SPF-50+ and it is stronger and does provide more protection.

However because it is stronger it is also more likely to cause skin reactions and dermatitis.

The other question is just how much better is SPF-50 over SPF-30? Well, it depends how you

look at it. If you are trying to stay out as long as possible, SPF-50 (if regularly reapplied) will give you 66% longer exposure—though after the maximum time, you will still burn.

But if you are trying just to cut back on UVB-radiation that causes skin cancer, the difference isn't much.

You see SPF-30 allows through 1/30th of the sun's rays. In other words it blocks 96.7% of the sun. SPF-50 allows through only 1/50th of the sun—meaning it blocks 98%.

The improvement of just over 1% filtering isn't quite as impressive as the marketing would suggest. Whilst 50+ certainly is better than 30+, we suggest you use it only over a small area at first until you know whether it will cause dermatitis or skin irritation.

Remember that however good sunscreen is, it's not as effective as staying out of the sun, wearing close-weaved clothes, a hat and sunglasses.



## From the medical press

Each issue we bring you a few interesting developments in the world of medicine with references so you can read more.

Jumping castles are a great test to see if young children have exercise-induced asthma. Dutch researchers showed over 50% of kids with asthma started wheezing within six minutes of jumping on a castle. Unlike other tests, like running, even very young children cooperated with the jumping exercise test and the results showed up surprisingly quickly.

[jacionline.org/article/S0091-6749\(12\)01658-2/fulltext](http://jacionline.org/article/S0091-6749(12)01658-2/fulltext)

Whilst many smokers quit cold-turkey, overall those who use medications like nicotine patches or stop-smoking drugs (Champix is the main one in Australia) have a higher chance of quitting successfully. The authors carefully analysed the findings of other research that states the opposite—medication makes no difference at all.

[onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04009.x/full/](http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.04009.x/full/)

### I want a test for everything...

Patients often come in asking for a blood test that will check “for everything”. Whilst modern medicine and pathology testing can identify lots of problems, often very early, there simply isn’t one test that covers it all.

And whilst screening for diseases so that we can find them early on can be great, patients (and some doctors) place too much faith in screening programs. New Zealand research found 90% of people over-estimate the benefit of breast-screening. For example if 5,000 women aged 50 to 70 had mammograms for 10 years, about 10 deaths would be avoided, but the respondents typically thought it would save 1000 lives.

Patients were also overly optimistic about the benefits of drugs in preventing heart disease and preventing hip fracture.

We don’t want to undervalue these

medical advances. For example, statins (cholesterol lowering drugs) clearly do save lives when used in the right groups of patients.

But screening and cancer programs have faced criticism in recent years for overstating the benefits of mass screening while downplaying the harms.

A stream of thought gathering momentum in the medical world is that some conditions are over-diagnosed or over-treated. If this is true—and it is at the very least debatable—the underlying reason is the health profession’s strong desire to do the very best possible for patients. But the cost of not missing a disease, or not treating something as much as possible is that some people will be over-treated or over-diagnosed—classically exemplified by PSA testing for prostates.

Getting the balance right is one of the great challenges for the modern GP.

### ...but this is one you should have

Wellness on Wellington take great pride in our in-house education program. As well as regularly asking other GPs for advice, we update each other on interesting or instructive cases we’ve seen, lectures we’ve attended and articles we’ve read. We also

#### **We strongly encourage you to perform the test**

have regular talks from great guest speakers.

Each of our allied health services and medical specialists address us once a year, updating our knowledge on their area of expertise. Recently gastroenterologist, Dr David Rubinstein spoke to us about bowel cancer screening, using the Faecal Occult Blood Test (FOB for short).

He pointed out that this test really does save lives, yet only 40% of the people who receive a government kit bother to do the test and return it. Of those who do the test 7% have a positive test and need to have a colonoscopy to look for a cause. And of those—3% have bowel cancer. Usually it is stage A or B—regarded as highly curable, but which would progress to much nastier levels if not found early. Another 10% have high-grade adenoma, a pre-cancerous growth which needs to be removed before it develops into a cancer, usually within a few years.

The National Bowel Cancer screening program sends test kits to all Australians when they turn 50, 60 and 65. Eventually the program will be extended to screen everyone over the age of 50 every two years.

We strongly encourage you to perform the test if you get the kit. If you are in the target age-group but don’t get a government kit, ask your GP to arrange a test for you. Kits can also be bought at most chemists. You may also be interested in visiting the website [www.letsbeatbowelcancer.com](http://www.letsbeatbowelcancer.com) which is promoting testing for everyone during the month of FOBruary!

### What did you try?

Everyone has read or heard about a sure fire method. Spicy Indian takeaway. Horse-riding. Long walks. And of course, the commonest suggestion—having sex.

When women want their pregnancy over and just want the baby as soon as possible, they will try almost anything to get labour started.

The theory behind sex as a stimulus to labour makes sense. Stimulating the cervix is believed to be part of the process of dilatation (opening the cervix to make room for the baby) and we know that semen is full of prostaglandins—chemicals which are involved in labour.

#### **The theory behind sex as a stimulus to labour makes sense.**

Breast stimulation and orgasm also stimulate the uterus which again, in theory, should bring on labour sooner.

So researchers set out to see if having sex really did bring on labour sooner.

During the study half the women were encouraged to have sex during late pregnancy and the others not given any push. As expected the first group had more sex after 35 weeks than the other women.

After questioning nearly 1200 women, they found that having sex neither brought on labour any sooner, nor did it lower the likelihood of needing to be induced.

The study did however confirm that sex during late pregnancy is safe with no complications occurring as a result of increasing sexual activity.



# Wellness Whispers

## NEW STAFF

It's the sad time of year when we must farewell the registrars who have become a valued part of our practice and the exciting time when we welcome the new registrars who join our team.

**Dr Sue-Lyn Chan** is leaving us to round out her GP training at another practice, whilst **Dr Jason Kiang** is returning to Sydney for family reasons.

However we are delighted to announce that the very popular **Dr Tim Tai**, who was our first ever 12-month registrar will be returning to the practice from February.

We have two new registrars joining us. General practice is in the blood for **Dr Jenny Neil** whose father, grandmother and grandfather were all GPs. She remembers going on many home visits with her dad as a young child! After graduating from Melbourne University with honours in 2003, Jenny completed her internship at Southern Health. She then joined the emergency medicine training program and passed the primary examination. However, experiencing country general practice in Mildura as part of her emergency training brought Jenny back to her roots and she decided to pursue a career in general practice.

In amongst this she has had 3 young children and loves running and gardening. She is married to obstetrician/gynaecologist Dr Peter Neil.

Our second registrar **Dr Edward Skinner** graduated from the University of Notre Dame in Fremantle in 2010 with honours for a research project in public health. "I spent my resident years within the Eastern Health Network. I have a special interest in Paediatrics and am undertaking a Diploma in Child Health. I am looking to pursue further study in Sports Medicine and Dermatology. In my spare time I enjoy keeping fit by running and cycling and enjoy carpentry when time permits."

Our nursing staff have also increased as we have been joined by **Sonia Zhang**. "I grew up in Beijing and made a bold move coming to Melbourne on my own at the age of 17. I spent 1 year and a half completing secondary school before I started my Nursing degree at Deakin. I

have been working in general practice since March 2012. I thoroughly enjoy working in the primary care setting and I feel very lucky to be part of the team at WOW. I also work at Arcare Knox on a casual basis. My favourite hobbies include live music, movie and video games. I am a cat lover and I enjoy cooking and baking."

Our receptions staff has also expanded. **Margaret Golding** comes to us after many years working at much smaller practices. "They were similar in many ways but I look forward to the opportunities to learn that come from a larger practice.

On a personal level I love reading a juicy novel, going to the gym with my daughter, walking my dogs and either a night at the movies or a night with take-away and a DVD. In between I help my husband run our mechanical business."

Finally, we have appointed a new reception trainee. "My name is **Jessie Modra**, Last year I completed my VCE and am excited and ready to join the full time work force.

In my spare time I enjoy singing and playing guitar. I love to songwrite and in 2011 travelled to L.A to record an album with the 'Australian Institute of Performing Arts'.

I am the eldest of 3 kids. My younger sister has Down Syndrome, so my family has been heavily involved within Down Syndrome Victoria. I have volunteered my time performing at fetes and family fun days, but also as an administration assistant; helping with everything from manning the phones to long tedious mail outs to all of Victoria! I love giving back to the community and helping others and figured this would be a great career where I can put my passions to work!"

We welcome all our new staff and look forward to the care, skills and extra capacity that they will bring to our team and practice.

### IT'S A BOY!

Congratulations to **Dr Mihiri Weerasooriya** who gave birth to a beautiful son named Lucas Mineth, weighing in at 2.8kg including his lovely crop of thick hair. He was born on the auspicious date of 12/12/12.

Mihiri, Kanchana and Lucas are all doing very well and we wish them a wonderful family life.

The information in this newsletter is general in nature and cannot be relied upon in any particular case. Serious conditions may appear minor and vice-versa. We therefore advise that if you have any concern about your health, you should consult your doctor at the earliest opportunity.